

To change the ownership on your non-qualified annuity contract, please complete this form and return it to Reliance Standard Life Insurance Company ("RSL") using one of the methods below. Complete all required sections for your request. **If you do not provide Pages 1-4 to Reliance Standard, your request will not be processed until pages 1- 4 are received.**



EMAIL TO:
annuitychgrequests@rsli.com



FAX TO:
267.570.8812



MAIL TO:
Reliance Standard – Retirement Services
1700 Market Street, Suite 1200
Philadelphia, PA 19103

QUESTIONS? Call Customer Care at 1.800.435.7775

Please consult a tax or financial professional to determine if this change will result in a taxable event.

- Ownership changes can only be made on non-qualified annuity contracts.
- If the new owner is a trust, please remit the Trust Certification form EF-2989.
- If the new owner is a corporation, please remit the Corporate Certification form EF-3434.
- Existing systematic withdrawal requests will be stopped once the ownership change is completed. The new owner may establish a new systematic withdrawal by completing the Systematic Withdrawal form EF-3529.
- The effective date of this change will be the date the form is received in our administrative office.
- Correspondence and payments will only be sent to the primary owner's mailing address.
- If new beneficiaries are not submitted with this request, the new beneficiary designation will be the estate of the new owner or surviving owner (if jointly owned) until new beneficiaries are designated.
- Beneficiary percentages must add up to 100% for the request to be completed.

Contract Number(s) _____ If additional security has been requested, you must indicate the PIN here in order for the transaction to be processed. ___ ___ ___ ___

SECTION 1 | Contract Owner Information

First Name _____ MI _____ Last Name _____

Entity/Trust Name _____

SSN/TIN _____ Email Address _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

SECTION 2 | Joint Contract Owner Information (if applicable)

First Name _____ MI _____ Last Name _____

SSN/TIN _____ Email Address _____ Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

SECTION 3 | New Owner Information

First Name _____ MI _____ Last Name _____

Entity/Trust Name _____

SSN/TIN _____ Date of Birth _____ Phone Number _____

Email Address _____

Mailing Address* _____

City _____ State _____ Zip _____

*Required if mailing address is a PO Box:

Street Address _____

City _____ State _____ Zip _____

SECTION 4 | New Joint Owner Information

First Name _____ MI _____ Last Name _____

SSN/TIN _____ Date of Birth _____ Phone Number _____

Email Address _____

Mailing Address* _____

City _____ State _____ Zip _____

*Required if mailing address is a PO Box:

Street Address _____

City _____ State _____ Zip _____

SECTION 5 | Primary Beneficiary Designation

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

Check this box if you are including additional beneficiaries on a separate sheet.

SECTION 6 | Contingent Beneficiary Designation

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

First Name _____ MI _____ Last Name _____ Birth Date ____/____/____
(MM/DD/YYYY) Percentage (%) _____

Or Entity/Trust Name _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____ Relationship to Owner or Annuitant if Entity Owner _____

Check this box if you are including additional beneficiaries on a separate sheet.

SECTION 7 | Current Owner(s) Signature

I certify that the contract and taxpayer identification numbers shown on this form are mine. I further certify that this contract is neither assigned nor pledged as collateral to any other person or corporation and that no proceedings in bankruptcy or insolvency, voluntary or involuntary have been instituted by or against me/us as the owner(s) and that the I/we as the owner(s) is (are) not under guardianship or any legal disability.

By signing below, I acknowledge this request is in accordance with the provisions of my contract and understand that RSL reserves the right to request additional information as needed to process the request.

I also understand that all previous beneficiary designations or settlement agreements will be revoked once this signed agreement has been received by RSL.

Contract Owner Signature I am not married Signature Date (MM/DD/YYYY)

_____ / _____ / _____

Contract Joint Owner Signature (if any) Signature Date (MM/DD/YYYY)

_____ / _____ / _____

Irrevocable Beneficiary Signature (if any) Signature Date (MM/DD/YYYY)

_____ / _____ / _____

Signature of Spouse when owner and/or any joint owner reside in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI).

By signing this form, I consent to the beneficiaries listed and understand that all or a portion of the benefit is payable to someone other than me.

Contract Owner Spouse Signature Signature Date (MM/DD/YYYY)

_____ / _____ / _____

In order to sign on behalf of the owner or joint owner, proper legal documentation must be on file with RSL.

Power of Attorney Guardian Conservator

Signature (If applicable) Signature Date (MM/DD/YYYY)

_____ / _____ / _____

SECTION 8 | New Owner(s) Signature

New Primary Owner Signature Signature Date (MM/DD/YYYY)

_____ / _____ / _____

New Joint Owner Signature Signature Date (MM/DD/YYYY)

_____ / _____ / _____

In order to sign on behalf of the owner or joint owner, proper legal documentation must be on file with RSL.

Power of Attorney Guardian Conservator

Signature (If applicable) Signature Date (MM/DD/YYYY)

_____ / _____ / _____